





PTO/SB/01 (03-01) Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ease type a plus sign (+) inside this box -Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorn y D cket Number CIMA 3.0-036 **DECLARATION FOR UTILITY OR** DESIGN First Named Inv ntor S. I. Pather PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) 09/901,983 Application Number x Declaration July 10, 2001 Declaration Filing Date Submitted Submitted after Initial N/A Group Art Unit with Initial Filing (surcharge (37 CFR 1.16 (e)) Filing Examiner Name Not Yet Assigned required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SEQUENTIAL DRUG DELIVERY SYSTEMS (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International 07/10/2001 was filed on (MM/DD/YYYY) (if applicable). Application No. 09/901,983 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date

Prior Foreign	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
Application Number(s)				YE\$	NO_
	.``				





PTO/SB/01 (03-01)
Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Index the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application								
Direct all correspondence to:  X Customer Number or Bar Code Label  000530  OR Correspondence address below								
Name								
Address								
City	City			Stat	State		ZIP	
Country  Telephone  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor							s unsigned inventor	
Given Name S. Indiran (first and middle [if any])					Family Name Pather or Surname			Pather
Inventor's &						B 3 0		
Plymouth MN Residence: City State Country			Country		South Africa			outh Africa
Mailing Address: 13240 Sunset Trail								
City	Plymouth	MN State	ZIP	554	41	Country		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor						s unsigned inventor		
Given Name (first and mid	dle [if any])	John			Family Name or Surname			Hontz
Inventor's Signature	John	Hen	da .			Date A	nez	unt 7, 2001
Residence: C	Plyn(duth ity	MN State	Country			Citizensh	nip	US 
Mailing Address:	12800 54th Avenue N	North						
City	Plymouth MN 5 2IP			554	5442 Country			
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								





PTO/SB/02A (11-00)
PEase type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S)

DECLARATION			Supplemental Sheet Page 1 of 1					
Name of Additional Joint Invento	A petition		A petition	has been filed for this unsigned inventor				
Given Name (first and middle [if any])	nn M. Family Name or Surname			Siebert				
Inventor's Signature	ichert	ile t		Date 7 August 2001				
Eden Prairie Residence: City	1			Citizenship				
Mailing Address: 10759 Mount Curve Road								
Eden Prairie city	MN State	ZIP	55347 ZIP		Country			
Name of Additional Joint Invento	A petition	has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature				Date				
Residence: City			ntov		Citizenship			
Mailing Address:								
City State ZIP				Country				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature				Date				
Residence: City	sidence: City State Country			Citizenship				
Mailing Address:								
City	State	ZíP	<u> </u>	Country				
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name Family Name (first and middle [if any]) or Surname								
Inventor's Signature Date								
Residence: City	State	Country			Citizenship			
Mailing Address:								

State

City

ZIP

Country